

Claim Form for Pet Travel Insurance

For official use only

PLEASE MAKE SURE THIS CLAIM FORM IS COMPLETED CLEARLY AND
IN FULL TO ENSURE THE CORRECT ASSESSMENT OF YOUR CLAIM.
PLEASE COMPLETE A SEPARATE FORM FOR EACH PET
PLEASE COMPLETE USING A BLACK PEN AND BLOCK CAPITALS.

We're happy to help!
If you have any questions call us on
0345 070 3429

1. Policyholder to complete POLICY NUMBER

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2. Policyholder to complete ABOUT YOUR CLAIM

Under which section(s) are you claiming	Please Tick	About The Form
Emergency vet fees	<input type="checkbox"/>	Complete Sections 1 3 4 5 6 7 & 12
Emergency repatriation	<input type="checkbox"/>	Complete Sections 1 3 4 5 7 8 & 12
Advertising and reward	<input type="checkbox"/>	Complete Sections 1 3 4 5 9 & 12
Quarantine or loss of documents	<input type="checkbox"/>	Complete Sections 1 3 4 5 10 & 12
Third party liability	<input type="checkbox"/>	Complete Sections 1 3 4 5 11 & 12

3. Policyholder to complete ABOUT YOU

Policyholder's name _____
Daytime telephone no _____
Email address _____
Policyholder's address _____

Postcode _____

Please tick here if this is different to the address on your Certificate of Insurance

Details of any other travel insurance

Policy number | | | | | | | | | |
Company name _____
Address _____

Postcode _____

4. Policyholder to complete ABOUT YOUR PET

Pet's name _____
Pedigree name _____
Is your pet a Dog Cat
Breed _____
Pet's date of birth / / Male Female
PETS certificate number | | | | | | | | | |

Microchip number | | | | | | | | | |
Name of UK veterinary surgery where your pet is registered _____
Address _____

Postcode _____

5. Policyholder to complete ABOUT YOUR JOURNEY

Dates of travel from / / to / /
Countries visited _____

Please attach copy of booking invoice or other relevant documents

MISSING DOCUMENTS WILL DELAY YOUR CLAIM. IF YOU ARE UNABLE TO SEND ANY OF THESE DOCUMENTS PLEASE TELL US WHY ON A SEPARATE SHEET OF PAPER

6. Policyholder to complete EMERGENCY VET FEES

Please tell us the date you noticed any signs your pet was unwell before booking your appointment with the veterinary practice. Your claim will be delayed if these are incomplete.

Date / /

What were the signs of illness or injury

Has your pet shown the same or similar signs before? Yes No

If Yes, when / /

Name of veterinary practice that treated your pet

Address

Postcode

Telephone number

What diagnosis did the vet make?

What treatment did the vet recommend?

Give details of the treatment received

Total amount claimed

Currency

_____ **Please attach copies of all receipts**

7. Policyholder to complete ABOUT THE DEATH OF YOUR PET - EMERGENCY REPATRIATION

On what date did your pet die? / /

Currency

What was the cost of returning your pet's body home or the cost of disposal?

Please attach copies of all receipts

8. Policyholder to complete HOLIDAY CANCELLATION - EMERGENCY REPATRIATION

Why was your pet unable to travel?

What date were you advised the pet could not travel? / /

Please attach copies of your booking invoice and cancellation invoice


FOR YOUR VET TO FILL IN

Illness or injury

Date first clinical signs were noticed / /

How has the injury or illness prevented the pet from travelling?

What date was your client advised the pet could not travel? / /

Signature 

Date / /

Practice stamp

8. Policyholder to complete HOLIDAY CANCELLATION - EMERGENCY REPATRIATION CONT.

If you had to cut short your trip, why couldn't the pet travel home at the scheduled journey time?

Give details of travel expenses unused

Amount claimed

Currency

Give details of accommodation expenses unused

Amount claimed

Currency

Give details of additional travel expenses incurred

Amount claimed

Currency

Give details of additional accommodation expenses incurred

from / / to / /

Amount claimed

Currency

Please attach copies of your booking invoice, cancellation invoice and receipts for your extra travelling expenses

9. Policyholder to complete LOSS OF PET - ADVERTISING & REWARD

When did you first notice the animal was missing?

Date / /

Time

Place

Where and when was the animal last seen?

Date / /

Time

Place

If the animal was recovered please state

Date / /

Time

Place

Please advise circumstances of loss

Please give details of the police/vet/carrier to whom the loss was reported

Name

Address

Postcode

Did you make enquiries or advertise for information? Yes No

If yes, please give full details and attach receipts

Amount

Currency

Did you pay a reward? Yes No

Amount

Currency

Please attach (a) receipts to support advertising expenses (b) receipts including name, address and telephone number of recipient to support a claim for reward and (c) written confirmation of loss by the police, vet or carrier.

10. Policyholder to complete QUARANTINE - LOSS OF DOCUMENTATION

Why was your pet not allowed back into the UK?

Please give details of the type of microchip carried by your pet

10. Policyholder to complete QUARANTINE - LOSS OF DOCUMENTATION CONT.

Please give the name and address of the quarantine establishment

Name _____

Address _____

Postcode _____

How long was your pet in quarantine?

Give details of the costs of quarantine

Amount claimed _____

Which documents did you lose to prevent your scheduled return home?

Please give details of the police/vet/carrier to whom the loss was reported

Name _____

Address _____

Postcode _____

Date reported / /

When were they lost / /

What did you have to do to get duplicate documents

Give details of costs in obtaining replacement documents

Amount _____

Currency _____

What was your scheduled date to return home? / /

What was your method of returning?

How did you eventually return home?

When did you eventually return home? / /

Give details of travel expenses

Amount claimed _____

Currency _____

Give details of accommodation expenses

from / / to / /

Amount claimed _____

Currency _____

11. Policyholder to complete THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY

Date of incident / /

Time of incident _____

Location _____

Please explain how the incident happened and who or what you think was responsible

Was your pet on a lead? _____

Yes No

Describe your pet's usual nature

11. Policyholder to complete THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Has your pet behaved or reacted this way before? Yes No

If yes, please give details

Who was in charge of your pet at the time of the incident?

Address

Postcode

Age

Relationship to you

Fight injuries: Name of other animal's owner

Address

Postcode

Other animal's name

Breed

Age

Was other animal on a lead? Yes No

How does your pet normally react to this sort of animal?

Witnesses: Please give the names, addresses and occupations of any witnesses

Witness 1 name

Address

Postcode

Occupation

Witness 2 name

Address

Postcode

Occupation

Personal injuries: Name and address of injured person

Name
Address

Postcode

Occupation

Employers name and address (if known)

Name
Address

Postcode

Describe the nature and extent of injuries

Did a doctor, paramedic or first aider treat the injured person at the scene of the incident? Yes No

If taken to hospital, state the name and address of the hospital

Name
Address

Postcode

How much contact had the injured person had with your pet prior to the incident?

Motor vehicle damage: Name and address of owner

Name
Address

Postcode

11. Policyholder to complete THIRD PARTY - FOR SEPARATE PET TRAVEL POLICY ONLY CONT.

Make of vehicle _____
Model _____
Registration _____
Drivers name _____
Address _____

Postcode _____

Name of insurance company of damaged vehicle _____
Address _____

Postcode _____

Describe the damage to the vehicle

What were the road/weather conditions at the time of the incident?

How good was visibility? _____
How wide was this stretch of road? _____
What speed limit applies to the road where the incident happened? _____

Property damage: Name and address of property owner
Name _____
Address _____

Postcode _____

What is the age of the damaged property? _____
What is the value of the damaged property? _____
Please describe the property and the damage to it

Police details:
Were the police involved or have they been told about the incident? Yes No
Police Station name _____
Police Station address _____


Postcode _____
Police officer's number _____
Police reference _____

Have you received any claim in writing about this incident? Yes No
If yes, please attach all documents. **YOU MUST NOT ANSWER ANY OF THESE**
Please give details of all your previous third party liability claims

Attach all correspondence: writs, summons, legal documents, booking invoice and any photographs

12. Policyholder to complete DECLARATION

I have checked the information on this claim form and confirm that it is all correct to the best of my knowledge and belief.

Signature 

Date / /

Please state the number of documents enclosed including this form.

IMPORTANT NOTES

- The insurance is underwritten and administered by Allianz Insurance plc.
- Please use a separate claim form for each pet.

- Please send completed forms, including copies of all receipts to: Animalcare Options Insurance, PO Box 224, Huddersfield, HD8 1FS.

Animalcare Options Insurance from Animalcare Limited is sold, underwritten and administered by Allianz Insurance plc (Registered in England No. 846380). Registered office: 57 Ladymead, Guildford, Surrey GU1 1DB. Allianz Insurance plc is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Animalcare Ltd is not part of the Allianz (UK) Group.

INCOMPLETE CLAIM FORMS WILL BE RETURNED TO THE POLICYHOLDER